

TRANSMITTAL FORM

	<p>Application Serial Number 10/772,888</p> <p>Filing Date February 4, 2004</p> <p>First Named Inventor James M. BRUGGER</p> <p>Group Art Unit 1723</p> <p>Examiner Name Sun U. Kim</p> <p>Attorney Docket No. 53951-118</p> <p>Patent No. Not applicable</p> <p>Issue Date Not applicable</p>
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ENCLOSURES (check all that apply)

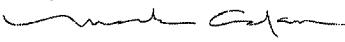
<p><input type="checkbox"/> Fee Transmittal Form</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check Attached</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Fee Transmittal Form</p>	<p><input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)</p>	<p><input type="checkbox"/> Request for Certificate of Correction</p> <p style="margin-left: 20px;"><input type="checkbox"/> Certificate of Correction (in duplicate)</p>
<p><input checked="" type="checkbox"/> Amendment/Response</p> <p style="margin-left: 20px;"><input type="checkbox"/> Preliminary</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> After Final</p> <p style="margin-left: 20px;"><input type="checkbox"/> Affidavits/declaration(s)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Letter to Official Draftsperson including Drawings</p> <p style="margin-left: 20px; margin-bottom: 10px;">[Total Sheets _____]</p>	<p><input type="checkbox"/> Formal Drawing(s)</p> <p><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal</p> <p><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> CD(s) for large table or computer program</p> <p><input type="checkbox"/> Amendment After Allowance</p>	<p><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Brief (in triplicate)</p> <p><input type="checkbox"/> Status Inquiry</p> <p><input type="checkbox"/> Return Receipt Postcard</p> <p><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8</p> <p><input type="checkbox"/> Additional Enclosure(s) (please identify below)</p>
<p><input type="checkbox"/> Petition for Extension of Time (1/2/3 months)</p>		
<p><input type="checkbox"/> Information Disclosure Statement</p> <p style="margin-left: 20px;"><input type="checkbox"/> Form PTO-1449</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copies of IDS Citations</p>		
<p><input type="checkbox"/> Certified Copy of Priority Document(s)</p>		
<p><input type="checkbox"/> Sequence Listing submission</p> <p style="margin-left: 20px;"><input type="checkbox"/> Paper Copy/CD</p> <p style="margin-left: 20px;"><input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;"><input type="checkbox"/> Statement verifying identity of above</p>		

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Respectfully submitted,

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